Important Advances in Clinical Medicine

Epitomes of Progress—Allergy

The Scientific Board of the California Medical Association presents the following inventory of items of progress in Allergy. Each item, in the judgment of a panel of knowledgeable physicians, has recently become reasonably firmly established, both as to scientific fact and important clinical significance. The items are presented in simple epitome and an authoritative reference, both to the item itself and to the subject as a whole, is generally given for those who may be unfamiliar with a particular item. The purpose is to assist the busy practitioner, student, research worker or scholar to stay abreast of these items of progress in Allergy which have recently achieved a substantial degree of authoritative acceptance, whether in his own field of special interest or another.

The items of progress listed below were selected by the Advisory Panel to the Section on Allergy of the California Medical Association and the summaries were prepared under its direction.

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The Current Status of Allergy Immunotherapy

ALTHOUGH immunotherapy for allergic disease is not new, only recently has the efficacy of this mode of therapy in certain allergic diseases been shown and we now have insight into the possible mechanisms of action.

Double-blind controlled studies comparing active allergenic extract and placebo have shown efficacy of ragweed and grass pollen injections in hay fever and bronchial asthma, while therapy for house dust allergy resulted in decreased bronchial sensitivity to the allergen, and improved clinical status in asthmatic children. The effect of treatment is dose-related but is limited by the allergen dose which can be tolerated safely. Patients with anaphylactic reactions to hymenoptera react less when restung than those who are untreated, although double blind studies have not been done. The current recommendation is for lifelong treatment, since several deaths have been reported after discontinuing injections even after three years of therapy.

Identification of IgE as the immunoglobulin with reaginic activity and the utilization of the leukocyte histamine release *in vitro* have shed light on the immunological and biological phenomena occurring with immunotherapy. It would appear that increased blocking antibody, decreased basophil sensitivity and decreased IgE antibody synthesis occur with treatment.

It should be stressed that allergen elimination whenever possible, and proper pharmacological therapy supplement immunotherapy for successful management of allergic patients, and the immunotherapy is not applicable in cases of food allergy.

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REFERENCES

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